

Notice of Missing Immunizations For Child Care



Child's Name: _____

Immunization records show that your child may not be adequately immunized as required by the Immunization Regulations (18 V.S.A. § 1123).

The dose/s circled below indicates vaccines needed for your child to meet child care immunization requirements. Please ensure your child has received required vaccines as soon as possible. If your child has received the circled dose/doses, please present an immunization record to the child care provider.

The dose/doses circled below indicate what vaccine is needed for the child to meet state immunization requirements.

Vaccine Type	Dose/Doses Needed			
Hepatitis B (HBV or Hep B)	1	2	3	
DTaP (Diphtheria, Tetanus, and Pertussis)	1	2	3	4
HIB (Haemophilus Influenzae Type B)	1	2	3	4
PCV (Pneumococcal)	1	2	3	4
Polio (OPV or IPV)	1	2	3	
MMR (Measles, Mumps, and Rubella)	1			
Varicella (Chicken Pox)	1 or History of Disease			

☐ There is no record of any immunizations on file for the child named above. Please submit a complete immunization record or exemption form to the child care provider immediately.

Print Name of Child Care Provider: _____

Signature of Child Care Provider: _____

Date: ____/____/____